

ASA Care Plan & Modifications

South Dakota Department of Social Services
Home and Community Based Services Waiver



Assisted Living Provider Education
Webinar February 15, 2017

ASA Care Plan

The ASA Care Plan summarizes the Consumer's identified needs and the strategy for addressing unmet needs.

ASA CARE PLAN EXPECTATIONS

If a Consumer needs special supports or modifications, it must be identified within the ASA Care Plan.

- **“ASA Care Plan”** is a written person-centered plan developed by the Adult Services and Aging (ASA) Specialist with a Consumer, as well as any people the Consumer chooses, and must be finalized and agreed to, with the informed consent of the Consumer in writing, and signed by all individuals and providers responsible for its implementation.
- The ASA Care Plan reflects the services and supports that are important for the individual to meet the needs identified through an assessment of need, as well as what is important to the individual with regard to preferences for the delivery of such services and supports.

ASA CARE PLAN EXPECTATIONS

- If a Consumer needs special supports or modifications based upon an assessed health and safety need, it must be identified within the ASA Care Plan be individualized and addressed in the ASA Care Plan.
- The Provider must notify the ASA Specialist whenever a change in the Consumer occurs and/or a modification may be necessary.
- The Provider is expected to provide input and participate in the development of the initial and ongoing ASA Care Plan.

ASA CARE PLAN EXPECTATIONS

ASA Care Plans that include modifications to any of the federal home and community-based settings requirements must document the following in order to justify the modification:

- Identify a specific and individualized assessed need
- Document the positive interventions and supports used prior to any modifications or restrictive interventions
- Document less intrusive methods of meeting the need that have been tried but didn't work
- Include a clear description of the condition that is directly proportionate to the specific assessed need
- Include regular collection and review of data to measure the ongoing effectiveness of the modification

ASA CARE PLAN EXPECTATIONS

- Include established time limits for periodic reviews to determine if the modification is still necessary or can be terminated
- Include the informed consent of the Consumer
- Include an assurance that interventions and supports will cause no harm to the Consumer.

ASA CARE PLAN MODIFICATIONS FORM

Request for Modifications to ASA Care Plan

Consumer Name:

Legal Guardian (if applicable):

Provider Name:

Name of person completing this form:

Modification(s) requested in the following areas:

- ☐ Equal access throughout the Assisted Living Center
- ☐ Equal access to the community
- ☐ Right to have visitors
- ☐ Access to the setting (Free to come and go)
- ☐ Access to a variety of foods throughout the day
- ☐ Ability to lock bedroom doors or apartment
- ☐ Freedom to furnish and decorate bedroom or apartment

- ☐ Right to choose roommate
- ☐ Right to privacy when completing activities of daily living
- ☐ Ability to communicate with other individuals in private
- ☐ Freedom from coercion and restraint
- ☐ Access to appliances
- ☐ Access to personal resources
- ☐ Other

☐ No modification(s) being requested

ASA CARE PLAN MODIFICATIONS FORM

1.) Describe the restrictive intervention being requested: <input type="text"/>	
2.) Describe the specific and individualized assessed need related to the restrictive intervention being requested: <input type="text"/>	
3.) Describe how the specific assessed need is consistent with the intervention: <input type="text"/>	
4.) Describe the positive interventions and supports that have been attempted to avoid restrictive intervention (documentation of interventions/supports and outcomes must be available upon request): <input type="text"/>	
5.) Describe less intrusive methods of meeting the need that have been tried but didn't work (documentation of methods and outcomes must be available upon request): <input type="text"/>	
6.) Describe how you will monitor the modification to measure the ongoing effectiveness and how you will document the outcome: <input type="text"/>	
7.) Describe established time limits for periodic reviews to determine if the modification is still necessary or can be terminated: <input type="text"/>	
8.) Include an assurance that interventions and supports will cause no harm to the Consumer. <input type="text"/>	
Provider Signature	
<input type="text"/>	<input type="text"/>
Consumer Signature	
<input type="text"/>	<input type="text"/>
ASA Specialist Signature	
<input type="text"/>	<input type="text"/>

QUESTIONS

Contact:

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